

2008 ELECTION CYCLE CPR - SS 08-01(b)

CANDIDATE REPORT OF 2008 DECEIPTS AND DISRUPSEMENTS

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CAM	PAIGN FINANCE: LOBBYING SECRETARY OF STATE	UNI

	VEGETI 19 VIAD DIGDOLO	CALL	AIGN FINANCE LOBBYING U			
Name of Candidate KUD	Y WARNOCK	CAN	SECRETARY OF STATE			
Address Po Box	1623, CANTON MS	County M	ADISON			
Telephone (Work) 60185	52250 (Home) 601 906	6660 (Fax) 601	855 2599			
Contact Name_RUDY	WARNOCK Email Address	ss				
Office Sought		Political Party				
Check here if above is	lifferent from previous report					
	TYPE OF REPORT					
	CHECK THE CATEGORY OF REPORT	YOU ARE SUBMITTING .				
October 28, 2008 Pr	e-Election Report (January 1, 2008, thro		Mandatory			
	e-Runoff Report (October 26, 2008, thro					
	January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008)					
Termination Report (Ca expenditures and ha	ndidate will no longer accept contribution as no outstanding campaign debt or obliga	s or make campaign Reations.) re	equired to terminate porting obligations			
	IMPORTANT					
(1) Periodic reports are mandatory, even for total amount of reported contribut	if no contributions or expenditures have occurred. In s ions and expenditures during this period.	such case, the candidate shall su	bmit a report indicating "0" (Zero)			
	eport, annual and periodic reports must still be filed in	accordance with Miss. Code Ann	. § 23-15-807 (b) (ii) and (iii).			
(2) The appropriate office must be in act	ual receipt of the required reports by 5:00 p.m. on the re required reports by 5:00 p.m. on the first working day	eporting day. If the deadline falls	on a weekend or a holiday, the			
(4) Contributions in excess of \$200 recei	ved after the reporting period but more than 48 hours be he contribution. Use separate form "48 Hour Report" to	efore 12:01 a.m. on the day of th				
	DEDOCTED CONTRIBUTIONS AND	D DIODUDOCHENTO	12-31-8			
	REPORTED CONTRIBUTIONS AN	ID DISBUKSEMEN IS	1043.76			
	(itemized + non-itemized)	Total This Period	Calendar year-to-date			
Total amount of contributions \$	-0-+\$ -0-	\$ -0-	\$ -0-			
Total amount of disbursements \$	161.61 +\$	\$ 161.61	\$ 161.61			
	Total amount of cash on hand	\$ 1205.37				

I certify that thave examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee RUDY WARNOCK

Reporting period JAN 1,2008 through DEC 31, 2009

A. Full name A T + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 105262	11218	\$ 103.09
City, State, Zip Code ATUNIA GA 30 3 4 8	21218	\$ 102.81
Purpose of Disbursement (Optional) PHONE SVC	Aggregate Year-to-date	\$
B. Full name US PS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	21/318	\$ 5,00
City, State, Zip Code, ANTON MS 39046		S
Purpose of Disbursement (Optional) RETURNED MAIL FEE	Aggregate Year-to-date	S
C. Full name A T + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 105 262	3,2,8	\$ 102.79
City, State, Zip Code A 30 348	1/2/8	\$ 102.79
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name LAMAR ADVERTISING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5551 Corp BIVD STE ZA	31118	\$ 2486.00 7
City, State, Zip Code ROVOR LA 70808		S
Purpose of Disbursement (Optional) RENND ON ADVERTISING	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 105262	51318	s 101.0Z
City, State, Zip Code HOWNTA CA 30348	7298	s 3,19
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 105262		s <187.60>
City, State, Zip Code ANTA A 30348	//_	\$
Purpose of Disbursement (Optional) FINAL - RENNO AFTER	Aggregate Year-to-date	\$
TERMINATING PHONE SE	ev	SS04-06

Page	of

Name of Candidate or Committee

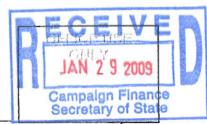
RUDY WARNOCK

rough DEC 31, 2008

A. Full name COMCAST CABLERANKIN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address POBOX 105184	1,29,8	\$ <8.70
City, State, Zip Code ATLANTA CA 30348		S
Purpose of Disbursement (Optional) FINAL - REFAND TERMINATED CABLE	Aggregate Year-to-date	S
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	'	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_/_/_	\$
City, State, Zip Code	//_	\$
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2008 ELECTION CYCLE CPR - SS 08-01(b)

CANDIDATE DEDODT OF 2000



CANDIDATE REPORT OF 2008	2000
RECEIPTS AND DISBURSEMENTS	Campaign Finance
Name of Candidate KUDY WARNOCK	Secretary of State
Address PO BOX 1623, CANTON MS County	MADISON
Telephone (Work) 601 855 2250 (Home) 601 906 660 (Fax) 6	6018552599
Contact Name RUDY WARNOCK Email Address	
Office SoughtPolitica	l Party
Check here if above is different from previous report	
TYPE OF REPORT • CHECK THE CATEGORY OF REPORT YOU ARE SUBMIT	TING •
October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2	2008)Mandatory
November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15	5, 2008)Runoff Candidates
January 31, 2009 Annual Report (January 1, 2008, through December 31, 200	8)Mandatory
Termination Report (Candidate will no longer accept contributions or make campa expenditures and has no outstanding campaign debt or obligations.)	ign Required to terminate reporting obligations
IMPORTANT (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate for total amount of reported contributions and expenditures during this period.	e shall submit a report indicating "0" (Zero)
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss.	The state of the s
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the dea office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Fa	idline falls on a weekend or a holiday, the exed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.	day of the election must be reported by
REPORTED CONTRIBUTIONS AND DISBURSEN	IENTS 12-31-8 1043.76
(itemized + non-itemized) Total This P	
Total amount of contributions \$ _ O _ +\$ _ O _ \$ _ O	\$ (
Total amount of disbursements \$ 161.61 +\$ \$ 161.6	61 \$ 161.61
Total amount of cash on hand \$ /205.	37
I certify that /have examined this report and to the best of my knowledge and belief it is true	e, accurate, and complete.
	-22-9

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

(Signature of Candidate)

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

(Date)

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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3.	1.20	09		

JAN 1,2008

through DEC

A. Full name A T + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 105262	1,2,8	\$ 103.09
City, State, Zip Code HTUANTA GA 30348	21218	\$ 102.81
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
B. Full name US PS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	21/38	\$ 5,00
City, State, Zip Code ANTON MS 39046		\$
Purpose of Disbursement (Optional) RETORNED MAIL FEE	Aggregate Year-to-date	S
C. Full name AT 4T	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Po Box 105 262	3,2,8	\$ 102.79
City, State, Zip Code) TCANTA CA 30348	1,2,8	\$ 102.79
Purpose of Disbursement (Optional) PITONA SVC	Aggregate Year-to-date	\$
D. Full name LAMAR ADVERTISING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5551 CORP BIVD STE ZA	31118	\$ 2486.00
City, State, 710 Code ROUGE LA 70808		\$
Purpose of Disbursement (Optional) REFUND ON ADVERTISING	Aggregate Year-to-date	\$
E. Full name A T T	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address PO BOX 105262	51318	\$ 101.02
City, State, Zip Gode HUANTA CA 30348	72918	\$ 3,19
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name A T IT	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address PO BOX 105262	_'_'_	\$ 2/87.60
City, State, Zip Gode ANTA A 30348		S
Purpose of Disbursement (Optional) FINAL - REKIND AFTER	Aggregate Year-to-date	S
TERMINATING PHONESE	RV	3504-06

Name of Candidate or Committee	Rugy	WAR	NOCK	Page 2	of <u>Z</u>
Reporting period//	2008	_ through	DEC 3	,2008	

A Full name COMCAST CABLERANKIN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 105184	7.29.8	· <8.707
City; State, Zip Code ATLANTA CA 30348		S
Purpose of Disbursement (Optional) FINAL - REFUND TERMINATED CABLE	Aggregate Year-to-date	\$
8. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Diabursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$.
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
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